

Please complete if I did not prepare your prior year tax returns **or if there have been any changes**. If you are a new tax client, please provide a copy of your federal, state and local (if applicable) returns for the three previous years.

Taxpayer's Name _____ SSN _____ Occupation _____

Spouse's Name _____ SSN _____ Occupation _____

Home Address _____

City _____ County _____ State _____ Zip Code _____ School District _____

Contact Information Telephone Number (Taxpayer) Telephone Number (Spouse)

Home (____) _____ Office (____) _____ Office (____) _____

Email (T) _____ Cell (____) _____ Cell (____) _____

Email (S) _____

Taxpayer: Date of Birth _____ Blind? Yes No

Spouse: Date of Birth _____ Blind? Yes No

Dependent Children Who Lived With You:

Please include full name, social security number, relationship, and date of birth

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Other or additional dependents: Please include full name, social security number, relationship, and date of birth. If OTHER, also number of months resided in your home, and percentage of support furnished by you.

1. _____

2. _____

3. _____